

Greenbelt, Maryland 20770 phone: 301-459-7590, fax: 301-577-5575 internet: www.jsitel.com, e-mail: jsi @jsitel.com

June 27, 2017

VIA Electronic Comment Filing System

Marlene H. Dortch, Secretary Federal Communications Commission Office of the Secretary 445 12th Street, SW Washington, DC 20554

Re: WC Docket No. 14-58

2017 ETC Annual Report of Ben Lomand Communications, Inc.

Study Area Code 299001

Dear Ms. Dortch:

On behalf of Ben Lomand Communications, Inc. ("Company"), JSI files the attached FCC Form 481 ETC annual reporting information pursuant to sections 54.313 and 54.422 of the Commission's rules.

Please direct any questions regarding the filing to the undersigned.

Sincerely,

John Kuykendall JSI Vice President 301-459-7590

jkuykendall@jsitel.com

FCC For	m 481 - Carrier Annual Reporting Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	299001	
<015>	Study Area Name	BEN LOMAND COMMUNICATIONS, INC.	
<020>	Program Year	2018	
<030>	Contact Name: Person USAC should contact with questions about this data	Jared Sain	
<035>	Contact Telephone Number: Number of the person identified in data line <030>	9316686680 ext.	
<039>	Contact Email Address: Email of the person identified in data line <030>	jareds@blomand.net	
	Form Type	54.313 and 54.422	

(200) Service Outage Reporting (Voice)	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

July 2013											
Study Area Code			299001								
5> Study Area Name			BEN LOMAND	COMMUNICATIONS, IN	iC.						
> Program Year			2018								
O> Contact Name - Person USAC should contact regarding this data			Jared Sain								
Contact Telephone Number - Number of person identified in data line <030>			30> ⁹³¹⁶⁶⁸⁶⁶⁸⁰	ext.							
Contact Email	Address - Emai	l Address of pe	rson identified	in data line <0	30> jareds@blom	and.net					
For the prior	calendar yea	r, were there	any reportat	ole voice serv	ice outages?	No					
<a>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<c1></c1>	<c2></c2>	<d>></d>	<e></e>	<f></f>	<g></g>	<h></h>
NORS Reference Number	Outage Start Date	Outage Start Time	Outage End Date	_	Number of Customers Affected	Total Number of	911 Facilities Affected	Service Outage Description (Check	Did This Outage Affect Multiple Study Areas	Service Outage	Preventative
						Customers	(Yes / No)	all that apply)	(Yes / No)	Resolution	Procedures
F	etudy Area Na Program Year Contact Name Contact Telepi Contact Email For the prior <a> NORS Reference	ortudy Area Name Program Year Contact Name - Person USAC Contact Telephone Number - Contact Email Address - Email For the prior calendar yea <a> NORS Reference Outage Start	Program Year Contact Name - Person USAC should contact Contact Telephone Number - Number of pe Contact Email Address - Email Address of pe For the prior calendar year, were there Solution	Actudy Area Name Program Year Contact Name - Person USAC should contact regarding this Contact Telephone Number - Number of person identified Contact Email Address - Email Address of person identified For the prior calendar year, were there any reportal 43	Program Year Contact Name - Person USAC should contact regarding this data Contact Telephone Number - Number of person identified in data line <0: Contact Email Address - Email Address of person identified in data line <0: Contact Email Address - Email Address of person identified in data line <0: Contact Email Address - Email Address of person identified in data line <0: Contact Email Address - Email Address of person identified in data line <0: Contact Email Address - Email Address of person identified in data line <0: Contact Telephone Number - Number of person identified in data line <0: Contact Telephone Number - Number of person identified in data line <0: Contact Telephone Number - Number of person identified in data line <0: Contact Email Address - Email Address of person identified in data line <0: Contact Email Address - Email Address of person identified in data line <0: Contact Email Address - Email Address of person identified in data line <0: Contact Email Address - Email Address of person identified in data line <0: Contact Email Address - Email Address of person identified in data line <0: Contact Email Address - Email Address of person identified in data line <0: Contact Email Address - Email Address of person identified in data line <0: Contact Email Address - Email Address of person identified in data line <0: Contact Email Address - Email Address of person identified in data line <0: Contact Email Address - Email Address of person identified in data line <0: Contact Email Address - Email Address of person identified in data line <0: Contact Email Address - Email Address of person identified in data line <0: Contact Email Address - Email Address of person identified in data line <0: Contact Email Address - Email Address of person identified in data line <0: Contact Email Address - Email Address of person identified in data line <0: Contact Email Address - Email Address of person identified in data line <0: Contact Email Address - Email Address of person identified in data line <0: Contact Ema	Actudy Area Name Program Year Contact Name - Person USAC should contact regarding this data Contact Telephone Number - Number of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030> Jareds@blom For the prior calendar year, were there any reportable voice service outages? <a> <b1> <b2> <b3> <b4> <b4> <c1> NORS</c1></b4></b4></b3></b2></b1>	Study Area Name BEN LOMAND COMMUNICATIONS, IN Program Year Contact Name - Person USAC should contact regarding this data Contact Telephone Number - Number of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030> Contact Email Address of person identified in data line <030> Contact Email Address of person identified in data line <030> Contact Email Address of person identified in data line <030> Contact Email Address of person identified in data line <030> Contact Email Ad	BEN LOMAND COMMUNICATIONS, INC. 2018 Contact Name - Person USAC should contact regarding this data Contact Telephone Number - Number of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030> Contact Telephone Number - Value Start State Stat	BEN LOMAND COMMUNICATIONS, INC. 2018 Contact Name - Person USAC should contact regarding this data Contact Telephone Number - Number of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030> Contact Telephone Number - Number of the prior calendar year, were there any reportable voice service outages? Nor the prior calendar year, were there any reportable voice service outages? NORS Reference Outage Start Number of Total Number of Affected Description (Check Number) Outage Start Time Date Time Customers Affected Total Number of Affected Description (Check Number)	BEN LOMAND COMMUNICATIONS, INC. 2018 Contact Name - Person USAC should contact regarding this data Contact Telephone Number - Number of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030> Contact Telephone Number - Number of Postine Number o	BEN LOMAND COMMUNICATIONS, INC. 2018 Contact Name - Person USAC should contact regarding this data Contact Telephone Number - Number of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030> Contact Telephone Number - Number of Postoria Address of person identified in data line <030> Contact Telephone Number - Number of Postoria Address of person identified in data line <030> Contact Telephone Number - Number of Postoria Address of person identified in data line <030> Contact Telephone Number - Number of Postoria Address of person identified in data line <030> Contact Telephone Number - Number of Postoria Number of Number of Postoria Number of Postor

	fulfilled Service Request lection Form			FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-081 July 2013	19
<010>	Study Area Code		299001		
<015>	Study Area Name		BEN LOMAND COMMUNICATIONS, INC.		
<020>	Program Year		2018		
<030> Contact Name - Person USAC should contact regarding this data		Jared Sain			
<035> Contact Telephone Number - Number of person identified in data line <030>		9316686680 ext.			
<039>	Contact Email Address - Email Address of person iden	ntified in data line <030>	jareds@blomand.net		
<300> U	Infulfilled service request (voice)		0		
<310> [Detail on attempts (voice)				
		Nam	e of Attached Document		
<320>	Unfulfilled service request (broadband)				
<330>	Detail on attempts (broadband)				
		N	Name of Attached Document		

(400) Number of Complaints per 1,000 customers	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	299001
<015>	Study Area Name	BEN LOMAND COMMUNICATIONS, INC.
<020>	Program Year	2018
<030>	Contact Name - Person USAC should conta	act regarding this data Jared Sain
<035>	Contact Telephone Number - Number of p <030>	erson identified in data line 9316686680 ext.
<039>	Contact Email Address - Email Address of p <030>	Derson identified in data line jareds@blomand.net
<400>	Select from the drop-down list to indicate voice complaints (zero or greater) for voice calendar year for each service area in which any facilities you own, operate, lease, or of	e telephony service in the prior Offered only fixed voice h you are designated an ETC for
<410>	Complaints per 1000 customers for fixed v	oice 0.4
<420>	Complaints per 1000 customers for mobile	e voice
<430>	Select from the drop-down list to indicate end-user customer complaints (zero or greathe prior calendar year for each service are an ETC for any facilities you own, operate,	eater) for broadband service in ea in which you are designated
<440>	Complaints per 1000 customers for fixed b	proadband
<450>	Complaints per 1000 customers for mobile	e broadband

, ,	npliance With Service Quality Standards and Consumer Protection Rules ection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	299001	
<015>	Study Area Name	BEN LOMAND COMMUNICATIONS, INC.	
<020>	Program Year	2018	
<030>	Contact Name - Person USAC should contact regarding this data	Jared Sain	
<035>	Contact Telephone Number - Number of person identified in data line <030>	9316686680 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	jareds@blomand.net	
<500>	Certify compliance with applicable service quality standards and consumer pr	otection rules Yes	
		299001TN510.pdf	
<510>	Descriptive document for Service Quality Standards & Consumer Protection Ru	ules Compliance	
<515>	Certify compliance with applicable minimum service standards		

(600) Functionality in Emergency Situations	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	299001
<015>	Study Area Name	BEN LOMAND COMMUNICATIONS, INC.
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Jared Sain
<035>	Contact Telephone Number - Number of person identified in data line <030>	9316686680 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jareds@blomand.net
<600>	Certify compliance regarding ability to function in emergency situations	Yes
<610>	Descriptive document for Functionality in Emergency Situations	299001TN610.pdf

(700) Price Offerings including Voice Rate Data Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010> Study Area Code	299001	
<015> Study Area Name	BEN LOMAND COMMUNICATIONS, INC.	
<020> Program Year	2018	
<030> Contact Name - Person USAC should contact regarding this data	Jared Sain	
<035> Contact Telephone Number - Number of person identified in data	line <030> 9316686680 ext.	
<039> Contact Email Address - Email Address of person identified in data	line <030> jareds@blomand.net	
<701> Residential Local Service Charge Effective Date 1/1/2017 <702> Single State-wide Residential Local Service Charge		

<703>	<a1></a1>	<a2></a2>	<a3></a3>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<b5></b5>	<c></c>
					Residential Local			Mandatory Extended Area	
	State	Exchange (ILEC)	SAC (CETC)	Rate Type	Service Rate	State Subscriber Line Charge	State Universal Service Fee	Service Charge	Total per line Rates and Fees
					See at	tached worksheet			
					000 a	taonoa workonoot			

(710) Broadbrand Price Offerings	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013

<010>	Study Area Code	99001
<015>	Study Area Name	BEN LOMAND COMMUNICATIONS, INC.
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Jared Sain
<035>	Contact Telephone Number - Number of person identified in data line <030>	9316686680 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jareds@blomand.net

<711>	<a1></a1>	<a2></a2>	<b1></b1>	<b2></b2>	<c></c>	<d1></d1>	<d2></d2>	<d3></d3>	<d4></d4>
	State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rate and Fees	Broadband Service - Download Speed (Mbps)	Broadband Service - Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached {select }
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. , .	erating Companies lection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
		July 2015
<010>	Study Area Code	299001
<015>	Study Area Name	BEN LOMAND COMMUNICATIONS, INC.
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Jared Sain
<035>	Contact Telephone Number - Number of person identified in data line <030>	9316686680 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jareds@blomand.net
<810>	Reporting Carrier Ben Lomand Communications LLC	

<811> Holding Company

<812> Operating Company

Ben Lomand Holdings Inc.

Ben Lomand Communications LLC

<813>	<a1></a1>	<a2></a2>	<a3></a3>
	Affiliates	SAC	Doing Business As Company or Brand Designation
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-			
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-	See atta	ached workshe	et
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(900) Tribal Lands Reporting Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010> Study Area Code <015> Study Area Name <020> Program Year <030> Contact Name - Person USAC should contact regarding this data <035> Contact Telephone Number - Number of person identified in data line <030> <039> Contact Email Address - Email Address of person identified in data line <030> <900> Does the filing entity offer tribal land services? (Y/N)	299001 BEN LOMAND COMMUNICATIONS, INC. 2018 Jared Sain 9316686680 ext. jareds@blomand.net No
<910> Tribal Land(s) on which ETC Serves	
<920> Tribal Government Engagement Obligation	Name of Attached Document
If your company serves Tribal lands, please select (Yes,No, NA) for each these boxe to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:	Select Yes or No or Not Applicable
<921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions. <922> Feasibility and sustainability planning;	
<923> Marketing services in a culturally sensitive manner;	
<924> Compliance with Rights of way processes	
<925> Compliance with Land Use permitting requirements <926> Compliance with Facilities Siting rules	
<927> Compliance with Facilities String rules <927> Compliance with Environmental Review processes	
<928> Compliance with Cultural Preservation review processes	
<929> Compliance with Tribal Business and Licensing requirements.	

		1 486 1
(1000) Voice and Broadband Service Rate Comparability Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
		Va., 2020
<010>	Study Area Code	299001
<015>	Study Area Name	BEN LOMAND COMMUNICATIONS, INC.
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Jared Sain
<035>	Contact Telephone Number - Number of person identified in data line <030>	9316686680 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jareds@blomand.net
<1000>	Voice services rate comparability certification Yes	
<1010>	Attach detailed description for voice services rate comparability compliance	
		Name of Attached Document
<1020>	Broadband comparability certification	
<1030>	Attach detailed description for broadband comparability compliance	
		Name of Attached Document

	o Terrestrial Backhaul Reporting lection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	299001	
<015>	Study Area Name	BEN LOMAND COMMUNICATIONS, INC	·.
<020>	Program Year	2018	
<030>	Contact Name - Person USAC should contact regarding this data	Jared Sain	
<035>	Contact Telephone Number - Number of person identified in data line <030>	9316686680 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	jareds@blomand.net	
<1100>	Certify whether terrestrial backhaul options exist (Y/N)	Yes	
<1130>	Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 upstream within the supported area pursuant to § 54.313(g).	kbps	

(1200) Te	rms and Condition for Lifeline Customers	FCC Form 481
Lifeline		OMB Control No. 3060-0986/OMB Control No. 3060-0819
Data Coll	ection Form	July 2013
<010>	Study Area Code	299001
<015>	Study Area Name	BEN LOMAND COMMUNICATIONS, INC.
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Jared Sain
<035>	Contact Telephone Number - Number of person identified in data line <030>	9316686680 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jareds@blomand.net
<1210>	Terms & Conditions of Voice Telephony Lifeline Plans	
		Name of Attached Document
<1220>	Link to Public Website HTTP ht	ttp://benlomandconnect.com/voice-services-resources/
or the we	neck these boxes below to confirm that the attached document(s), on line 1210, bsite listed, on line 1220, contains the required information pursuant to (a)(2) annual reporting for ETCs receiving low-income support, carriers must report:	
<1221>	Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,	
<1222>	Details on the number of minutes provided as part of the plan,	
<1223>	Additional charges for toll calls, and rates for each such plan.	

(2005) P	rice Cap Carrier Additional Documentation		FCC Form 481	
Data Collection Form			OMB Control No. 3060-0986/OMB Control No. 3060-0819	
Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers			July 2013	
<010>	Study Area Code	299001		
<015>	Study Area Name	BEN LOMAND COMMUNICATIONS, INC.		
<020>	Program Year	2018		
<030>	Contact Name - Person USAC should contact regarding this data	Jared Sain		
<035>	Contact Telephone Number - Number of person identified in data line <030>	9316686680 ext.		
<039>	Contact Email Address - Email Address of person identified in data line <030>	jareds@blomand.net		

Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of Incremental High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

<2011>	3rd Year Certification 47 CFR §54.313(b)(1)(ii) - Note that for the July 2017 certification, this applies to Round 2 recipients of Incremental Support.		
<2022>	Recipient certifies, representing year three after filing a notice of acceptance of funding pursuant to 54.312(c), that the locations in question are not receiving support under the Broadband Initiatives Program or the Broadband Technology Opportunities Program for projects that will provide broadband with speeds of at least 4		
<2023>	Mbps/1Mbps - 54.313(b)(2)(i). Round 2 recipients only. The attachment on line 2024 includes a statement of the total amount of capital funding expended in the previous year in meeting Connect America Phase I deployment obligations, accompanied by a list of census blocks indicating where funding was spent. This covers year three - 54.313(b)(2)(ii). Round 2 recipients only.		
<2024A>	Round 2 Recipient of Incremental Support?		
<2024B>	Attach list of census blocks indicating where funding was spent in year three - 54.313(b)(2)(ii). Round 2 recipients only.	Name of Attached Document Listing Required Information	
<2025A>	Round 2 Recipient of Incremental Support?		
<2025B>	Attach geocoded Information for Phase I milestone reports (Round 2 for year three) - Connect America Fund , WC Docket 10-90, Report and Order, FCC 13-73, paragraph 35 (May 22, 2013).	Name of Attached Document Listing Required Information	
<2015>	2016 and future Frozen Support Certification 47 CFR § 54.313(c)(4)		

Data Collection Fo	Carrier Additional Documentation orm Return Carriers affiliated with Price Cap Local Exchange Carriers	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<2016>	p Carrier Connect America ICC Support {47 CFR § 54.313(d)} Certification support used to build broadband America Phase II Reporting {47 CFR § 54.313(e)}	
<2017A>	Connect America Fund Phase II recipient?	
<2017C>	Total amount of Phase II support, if any, the price cap carrier used for capital expenditures in 2016.	
<2018>	Attach the number, names, and addresses of community anchor institutions to which the carrier newly began providing access to broadband service in the preceding calendar year - 54.313(e)(1)(ii)(A)	Name of Attached Document Listing Required Information
<2019>	Recipient certifies that it bid on category one telecommunications and Internet access services in response to all FCC Form 470 postings seeking broadband service that meets the connectivity targets for the schools and libraries universal service support program for eligible schools and libraries located within any area in a census block where the carrier is receiving Phase II model-based support, and that such bids were at rates reasonably comparable to rates charged to eligible schools and libraries in urban areas for comparable offerings - 54.313(e)(1)(ii)(C)	

(3005) Rate Of Return Carrier Additional Documentation	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	299001
<015>	Study Area Name	BEN LOMAND COMMUNICATIONS, INC.
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Jared Sain
<035>	Contact Telephone Number - Number of person identified in data line <030>	9316686680 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jareds@blomand.net

Select from the drop down menu or check the boxes below to note compliance with 54.313(f)(1). Privately held carriers must ensure compliance with the financial reporting requirements set forth in 47 CFR 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

(3009)	Progress Report on 5 Year Plan Carrier certifies to 54.313(f)(1)(iii)			
(3010A)	Certification of Public Interest Obligations {47 CFR § 54.313(f)(1)(i)}			
(3010B)	Please Provide Attachment	Name of Attached Docui	ment Listing Required	
(3012A)	Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)}	mornace.		
(3012B)	Please Provide Attachment	Name of Attached Docui	ment Listing Required	
(3013)	Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)}	(Yes/No)	0 0	
(3014)	If yes, does your company file the RUS annual report	(Yes/No)	0 0	
(3015)	Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires: Electronic copy of their annual RUS reports			
	(Operating Report for Telecommunications Borrowers)		_	
(3016)	Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows			
(3017)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation	Name of Attached Docui Information	ment Listing Required	
(3018)	If the response is no on line 3014, is your company audited?	(Yes/No)	0 0	
	If the response is yes on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains:			
(3019)	Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS			
(3020)	Operating Report for Telecommunications Borrowers Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows			
(3021)	Management letter and/or audit opinion issued by the independent certified public accountant that performed the company's financial audit. If the response is no on line 3018, please check the boxes below to confirm your submission on line			
(3022)	3026 pursuant to § 54.313(f)(2), contains: Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers			
(3023)	Underlying information subjected to a review by an independent certified public accountant			
(3024)	Underlying information subjected to an officer certification.			
(3025)	Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows			
(3026)	Attach the worksheet listing required information	Name of Attached Docui Information	ment Listing Required	

(3005) Rate Of Return Carrier Additional Documentation (Continued)	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	299001
<015>	Study Area Name	BEN LOMAND COMMUNICATIONS, INC.
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Jared Sain
<035>	Contact Telephone Number - Number of person identified in data line <030>	9316686680 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jareds@blomand.net
	·	

Financial Data Summary	
•	
(3027) Revenue	
(3028) Operating Expenses	
(3029) Net Income	
(,	
(3030) Telephone Plant In Service(TPIS)	
(3031) Total Assets	
(3032) Total Debt	
(3033) Total Equity	
(3034) Dividends	

(4005) Rural Broadband Experiment Additional Documentation Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	299001
<015>	Study Area Name	BEN LOMAND COMMUNICATIONS, INC.
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Jared Sain
<035>	Contact Telephone Number - Number of person identified in data li	ne <030> 9316686680 ext.
<039>	Contact Email Address - Email Address of person identified in data li	ne <030> jareds@blomand.net

4005 Rural Broadband Experiment

Authorized Rural Broadband Experiment (RBE) recipients must address the certification for public interest obligations, provide a list of newly served community anchor institutions, and provide a list of locations where broadband has been deployed.

Public Interest Obligations – FCC 14-98 (paragraphs 26-29, 78)

Please address Line 4001 regarding compliance with the Commission's public interest obligations. All RBE participants must provide a response to Line 4001.

4001. Recipient certifies that it is offering broadband to the identified locations meeting the requisite public interest obligations consistent with the category for which they were selected, including broadband speed, latency, usage capacity, and rates that are reasonably comparable to rates for comparable offerings in urban areas?

Community Anchor Institutions – FCC 14-98 (paragraph 79)

4003a. RBE participants must provide the number, names, and addresses of community anchor institutions to which they newly deployed broadband service in the preceding calendar year. On this line, please respond (yes – attach new community anchors, no – no new anchors) to indicate whether this list will be provided.

If yes to 4003A, please provide a response for 4003B.

speed and data usage allowances available in the

relevant geographic area.

if yes to 4003A, please provide a response for 4003B.		
4003b . Provide the number, names and addresses of community anchor institutions to which the recipient newly began providing access to broadband service in the preceding calendar year.	Name of Attached Document Listing Required Information —	
Broadband Deployment Locations – FCC 14-98 (pa	ragraph 80)	
4004a . Attach a list of geocoded locations to which broadband has been deployed as of the June 1st immediately preceding the July 1st filing deadline for the FCC Form 481.	Name of Attached Document Listing Required Information	
4004b . Attach evidence demonstrating that the recipient is meeting the relevant public service obligations for the identified locations. Materials must at least detail the pricing, offered broadband	Name of Attached Document Listing Required Information –	

Certification - Reporting Carrier	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	299001
<015>	Study Area Name	BEN LOMAND COMMUNICATIONS, INC.
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<030>	Contact Name - Person USAC should contact regarding this data	Jared Sain
<035>	Contact Telephone Number - Number of person identified in data line <030>	9316686680 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	jareds@blomand.net

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate. Name of Reporting Carrier: Signature of Authorized Officer: Date Printed name of Authorized Officer: Title or position of Authorized Officer: Telephone number of Authorized Officer: Filing Due Date for this form: Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment

under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification - Agent / Carrier Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	299001
<015>	Study Area Name	BEN LOMAND COMMUNICATIONS, INC.
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Jared Sain
<035>	Contact Telephone Number - Number of person identified in data line <030>	9316686680 ext.

jareds@blomand.net

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

<039> Contact Email Address - Email Address of person identified in data line <030>

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier		
l certify that (Name of Agent) John Staurulakis, Inc. is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.		
Name of Authorized Agent: John Staurulakis, Inc.		
Name of Reporting Carrier: BEN LOMAND COMMUNICATIONS, I	NC.	
Signature of Authorized Officer: CERTIFIED ONLINE	Date: 06/25/2017	
Printed name of Authorized Officer: Lisa Cope		
Title or position of Authorized Officer: President		
Telephone number of Authorized Officer: 9316684131 ext.1001		
Study Area Code of Reporting Carrier: 299001	Filing Due Date for this form: 07/03/2017	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.		

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of	Reportin	g Carrier			
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.					
Name of Reporting Carrier: BEN LOMAND COMMUNICATIONS, INC.					
Name of Authorized Agent Firm: John Staurulakis, Inc.					
Signature of Authorized Agent or Employee of Agent: CERTIFIED ONLINE Date: 06/21/2017					
Name of Authorized Agent Employee: John Staurulakis, Inc.					
Title or position of Authorized Agent or Employee of Agent Staff Director - Regulatory					
Telephone number of Authorized Agent or Employee of Agent: 7705692015 ext.1					
Study Area Code of Reporting Carrier: 299001 Filing Due Date for this form: 07/03/2017					
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502 18 of the United States Code, 18 U.S.C. § 1001.	, 503(b), or	fine or imprisonment under Title			



Ben Lomand Communications, LLC's demonstration of complying with applicable service quality standards and consumer protection rules for voice and broadband services:

In establishing this certification in its 2005 ETC Order,¹ the FCC found that an ETC must make "a specific commitment to objective measures to protect consumers." The Commission found that for wireless ETCs, compliance with CTIA's Consumer Code for Wireless Service would satisfy this requirement and that the sufficiency of other commitments would be considered on a case-by-case basis.³ In this context, the FCC stated, "to the extent a wireline or wireless ETC applicant is subject to consumer protection obligations under state law, compliance with such laws may meet our requirement."

As a Commercial Company, Ben Lomand Communications, LLC is governed by the rules of the Tennessee Regulatory Authority ("TRA") for service quality standards and consumer protection rules. Additionally, Ben Lomand has incorporated consumer protection rules comparable to those required of incumbent LECs in the State of Tennessee, which meet or exceed existing TRA rules. These procedures include, but are not limited to, the following: (1) publishing the rates, terms, and conditions of service; (2) implementation of anti-slamming and consumer protection procedures; (3) modeling bill presentation to reflect the truth-in-billing

¹ Federal-State Joint Board on Universal Service, CC Docket No. 96-45, Report and Order, FCC 05-46 (rel. Mar. 17, 2005) ("2005 ETC Order").

² *Id.* at para. 28.

³ *Id.* The FCC noted that under the CTIA Consumer Code, wireless carriers agree to: "1) disclose rates and terms of service to customers; (2) make available maps showing where service is generally available; (3) provide contract terms to customer and confirm changes in service; (4) allow a trial period for new service; (5) provide specific disclosures in advertising; (6) separately identify carrier charges from taxes on billing statements; (7) provide customers the right to terminate service for changes to contract terms; (8) provide ready access to customer service; (9) promptly respond to consumer inquiries and complaints received from government agencies; and (10) abide by policies for protection of consumer privacy. *Id. at n. 71.*

⁴ *Id.* at n. 72.

requirements; and (4) CPNI, Red Flag Rules, and other applicable federal requirements governing the protection of customers' privacy.

Ben Lomand is subject to consumer protection obligations for broadband services under federal law. These obligations include, but are not limited to, the following: public disclosure of accurate information regarding network management practices, performance, and commercial terms of broadband internet access services; as a means of providing sufficient information for consumers to make informed choices regarding use of such services, and for content, application, service and device providers to develop, market, and maintain internet offerings as specified in 47 CFR § 8.3.

Ben Lomand Communications' demonstration of ability to function in emergency situations for voice and broadband services:

Ben Lomand Communications, LLC ("Ben Lomand") hereby certifies that it is able to function in emergency situations as set forth in 47 C.F.R § 54.202(a)(2)¹. Ben Lomand's network is designed to remain functional in emergency situations without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations as required by Section 54.202(a)(2). Ben Lomand can change call routing translations as needed to reroute traffic around damaged facilities. Changing call routing translations will also allow Ben Lomand to manage traffic spikes throughout its network, as emergency situations require. In addition, Ben Lomand has redundancy for connectivity purposes *via* additional routes and electronic equipment for voice and broadband services.

As a commercial company, Ben Lomand is governed by the Rules of the Tennessee Regulatory Authority ("TRA"), Chapter 1220-4-2-.23 Emergency Operation. Additionally, Ben Lomand is in compliance with Federal emergency situation rules regarding emergency power. By adhering to both governing body requirements, Ben Lomand meets or exceeds existing TRA rules for emergency operations. Specifically, each central office building is supplied with standby generators and battery back-up that enable the central office to remain operational until power is restored so long as fuel is available, or until system changes are made to reroute traffic. Ben Lomand has battery backup at all office locations and in its electronic equipment sites.

¹ Section 54.202(a)(2) requires ETCs that are designated by the commission to "demonstrate its ability to remain functional in emergency situations, including a demonstration that it has a reasonable amount of back-up power to ensure functionality without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations."

Length of run time is determined by the equipment serving the area and the number of customers working out of the equipment. Generators are installed at all central office locations. They will continue to run as long as Ben Lomand has access to fuel.

(700) Price Offerings including Voice Rate Data	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	299001	
<015>	Study Area Name	BEN LOMAND COMMUNICATIONS, INC.	
<020>	Program Year	2018	
<030>	Contact Name - Person USAC should contact regarding this data	Jared Sain	
<035>	Contact Telephone Number - Number of person identified in data line <030>	9316686680 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <0303	jareds@blomand.net	
<701>	Residential Local Service Charge Effective Date 1/1/201	.7	
<702>	Single State-wide Residential Local Service Charge		

<703>

<a1></a1>	<a2></a2>	<a3></a3>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<b5></b5>	<c></c>
				Residential Local			Mandatory Extended Area	
State	Exchange (ILEC)	SAC (CETC)	Rate Type	Service Rate	State Subscriber Line Charge	State Universal Service Fee	Service Charge	Total per line Rates and Fees
TN	Sparta City		FR	12.0	0.0	0.0	0.0	12.0
TN	McMinnville City		FR	12.0	0.0	0.0	0.0	12.0
	Manchester		FR	12.3	0.0	0.0	0.0	12.3
TN	Coffee County		FR	12.3	0.0	0.0	0.0	12.3

(800) Operating Companies	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code		299001
<015>	Study Area Name		BEN LOMAND COMMUNICATIONS, INC.
<020>	Program Year		2018
<030>	Contact Name - Person USAC should contact regarding this data		Jared Sain
<035>	Contact Telephone Number - Number of person identified in data line <030>		9316686680 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>		jareds@blomand.net
<810>	Reporting Carrier	Ben Lomand Communications LLC	
<811>	Holding Company	Ben Lomand Holdings Inc.	
<812>	Operating Company	Ben Lomand Communications LLC	

<813>	<a1></a1>	<a2></a2>	<a3></a3>
	Affiliates	SAC	Doing Business As Company or Brand Designation
	Ben Lomand Rural Telephone Cooperative, Inc.	290553	Ben Lomand Connect
_	Volunteer First Services, LLC		Vol First
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